

# Application for Journey Plumber Examination

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Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517/241-9330

## Examination Fee: \$50.00

Authority: 2002 PA 733	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Necessary For Exam Consideration	
Penalty: Examination Will Not Be Given	

## Instructions

- **See back of application for qualifications for examination.**
- Complete and **sign original application.** Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notarized.
- Enclose a check or money order payable to the **State of Michigan** for \$50.00.
- Mail completed application and fee to the address above.

## Applicant Information

NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
HOME ADDRESS		DATE OF BIRTH
CITY		COUNTY
STATE	ZIP CODE	TELEPHONE NUMBER

## Current Status (answer all questions, provide dates and license numbers, if applicable)

Have you previously applied to take the Michigan journey plumber examination?	No	Yes
Date applied _____		
Are you now licensed as a journey plumber in another state or country?	No	Yes
License No. _____ Issued _____		
State/Country _____		
Are you registered as an apprentice with the State of Michigan?	No	Yes
Apprentice No. _____		

## Examination Preference

Examinations are given in March, June, September, and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination.

Preferred Date \_\_\_\_\_

No Preference - Next Available Examination

**If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.**

## Background Information

Have you been convicted of a felony or misdemeanor?

No

Yes

If yes, you will be provided with a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

## Apprenticeship School

1. Have you attended a joint apprenticeship school?	No	Yes	If yes, complete information below.
NAME OF SCHOOL			CITY/STATE
INSTRUCTOR			DATES (MO/DAY/YR) FROM: TO:
2. Have you attended other plumbing schools? (Military, Adult Education, Etc.)	No	Yes	If yes, complete information below.
NAME OF SCHOOL			CITY/STATE
INSTRUCTOR			DATES (MO/DAY/YR) FROM: TO:

## Education

High School	College/University
City/State	City/State
Highest Grade Completed	Major
Date Graduated	Date Graduated

## Certification and Signature

I certify that the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.

SIGNATURE

DATE

## Experience Record

It is necessary to show a minimum of 3 years experience as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing and drainage. **Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order.** Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc.) please explain.

## Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

## Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

**Present Employer - This section is to be completed by the master plumber supervising the applicant.**

BUSINESS NAME AND ADDRESS	NAME OF MASTER PLUMBER	
	DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) FROM: _____ TO: _____	
	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	NO. OF HRS. WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair		
DESCRIPTION OF WORK _____ _____ _____ _____		
I certify that I am/was engaged in the business of being an authorized master plumber and that the applicant was actually under my supervision as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.		
SIGNATURE OF MASTER PLUMBER	LICENSE NUMBER	DATE
<div style="border: 1px solid black; padding: 5px;"><p>Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.</p><p>_____ (Signature of Notary Public)</p><p>My Commission expires: _____, _____.</p></div>		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant.**

BUSINESS NAME AND ADDRESS	NAME OF MASTER PLUMBER	
	DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) FROM: _____ TO: _____	
	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	NO. OF HRS. WORKED/WEEK
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair		
DESCRIPTION OF WORK _____ _____ _____ _____		
I certify that I am/was engaged in the business of being an authorized master plumber and that the applicant was actually under my supervision as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.		
SIGNATURE OF MASTER PLUMBER	LICENSE NUMBER	DATE
<div style="border: 1px solid black; padding: 5px;"><p>Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan.</p><p>_____ (Signature of Notary Public)</p><p>My Commission expires: _____, _____.</p></div>		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant.**

BUSINESS NAME AND ADDRESS	NAME OF MASTER PLUMBER	
	DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) FROM: _____ TO: _____	
	WORK SCHEDULE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	NO. OF HRS. WORKED/WEEK
TYPE OF WORK PERFORMED <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span><input type="checkbox"/> Residential</span><span><input type="checkbox"/> Heavy Construction</span><span><input type="checkbox"/> Industrial</span><span><input type="checkbox"/> Commercial</span><span><input type="checkbox"/> Maintenance</span><span><input type="checkbox"/> Repair</span></div>		
DESCRIPTION OF WORK _____ _____ _____ _____		
I certify that I am/was engaged in the business of being an authorized master plumber and that the applicant was actually under my supervision as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.		
SIGNATURE OF MASTER PLUMBER	LICENSE NUMBER	DATE
<div style="border: 1px solid black; padding: 5px; width: 40%; margin-bottom: 10px;">Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public in and for _____ County, Michigan. _____ (Signature of Notary Public) My Commission expires: _____, _____.</div>		

**Agency Use Only**

APPLICATION RECEIVED	AMOUNT OF FEE
YEARS EXPERIENCE	AGE
REPEAT	SCHOOL

**Examination Results**

WRITTEN	ISOMETRIC	COPPER	PASSED / FAILED
LICENSED BY EXAMINATION OF	FAILED TO PASS EXAMINATION OF	APPROVED BY BOARD	LICENSE NUMBER